FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

6	D	8909	35_							
		OMB APPROVAL								
	01	MB Numb	er: 3	3235-0076						
	Ex	pires:	May	May 31, 2002						
	Es	timated a	verage b	ige burden						
	ho	urs per fo	orm	16.00						
	SEC USE ONLY									
		Prefix		Serial						
		DA	TE RECEI	VED						
			·							

Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
Series B Preferred Stock								
Filing Under (Check box(es) that	t apply): Rule 504	□ Rule 505 🗹 Rule	506	6) ULOE	· · · · · · · · · · · · · · · · · · ·			
Type of Filing: Mew Filing	☐ Amendment				3);			
	Α.	BASIC IDENTIFIC	ATION DATA	SPRECEIVE	D_24.62			
1. Enter the information request	ed about the issuer			RSI				
Name of Issuer (check if the	is is an amendment and na	me has changed, and	indicate change.)	11	2002 //			
International Network Service	s Inc.			/ SEP O A				
Address of Executive Offices	(Ni	umber and Street, Cit	y, State, Zip Code)	Telephone N	lumber (Including Area Code)			
275 Gibraltar Drive, Sunnyval	e, CA 94089			(650) 318,10	00/\$/			
Address of Principal Business O	perations (N	umber and Street, Cit	y, State, Zip Code)	Telephone N	Jumper (Including Area Code)			
(if different from Executive Offi	ces)							
Brief Description of Business					/			
Network Consulting Services								
Type of Business Organization								
	☐ limited partnership, al	lready formed	☐ other (please	e specify):				
☐ business trust	☐ limited partnership, to	be formed			DEODECCE			
		<u>Month</u>	Year		POULTOLIN			
Actual or Estimated Date of Inco	orporation or Organization	n: 0 6	0 2	☑ Actual □	Estimated, and and a			
					SEP 0 9 2002			
Jurisdiction of Incorporation or	Organization: (Enter two-	letter U.S. Postal Ser	vice abbreviation for	State:	10-			
•	•	Canada; FN for other			THOMSON			
			_ ,	1				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Berg, Carl Business or Residence Address (Number and Street, City, State, Zip Code) 275 Gibraltar Drive, Sunnyvale, CA 94089 Check Box(es) that Apply ☐ Promoter M Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Berg & Berg Enterprises LLC Business or Residence Address (Number and Street, City, State, Zip Code) 10050 Bandley Drive, Cupertino, CA 95014 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Butze, David Business or Residence Address (Number and Street, City, State, Zip Code) 275 Gibraltar Drive, Sunnyvale, CA 94089 ☐ Beneficial Owner ☑ Executive Officer ☐ General and/or Check Box(es) that Apply ☐ Promoter ☐ Director Managing Partner Full Name (Last name first, if individual) Kellberg, Julia Business or Residence Address (Number and Street, City, State, Zip Code) 275 Gibraltar Drive, Sunnyvale, CA 94089 ☐ Beneficial Owner ☑ Executive Officer Check Box(es) that Apply ☐ Promoter ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Kersten, Montgomery Business or Residence Address (Number and Street, City, State, Zip Code) 275 Gibraltar Drive, Sunnyvale, CA 94089 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Gallagher, Dan Business or Residence Address (Number and Street, City, State, Zip Code) 275 Gibraltar Drive, Sunnyvale, CA 94089 Check Box(es) that Apply ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and	managing partner	of partnership issuers.			• • •
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)			11.00	
Business or Residence Addr	ress (Number and	1 Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	1 Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)			•	
Business or Residence Addr	ress (Number and	l Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)		•
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	Street, City, State, Zip	Code)		
					<u> </u>

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. 11	NFORM	ATION A	BOUT O	FFERIN	G				
													Yes	No
1. I	Has the iss	suer sold								offering?.				$ \overline{a} $
					Appendix,		_							
2.	What is th	e minim	um inves	tment that	t will be a	ccepted fr	om any in	idividual?					\$ <u>N/</u>	<u>A</u>
3. I	Does the c	offering p	ermit joir	nt owners	hip of a si	ngle unit?							<u>Yes</u> ☑	<u>No</u>
	or similar listed is an of the bro	remuner n associa ker or de	ration for ted personaler. If r	solicitation n or agent nore than	on of purc of a brok	hasers in er or deal ersons to	connectio er register	n with sal ed with th	es of secu ne SEC an	rities in th d/or with	he offering a state or	ly, any commission g. If a person to be states, list the name or dealer, you may	:	
Full Na N/A	me (Last n	ame first	, if individ	lual)										
Busines	s or Resid	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)							
Name o	f Associate	ed Broke	r or Deale	r										
States in	Which Po	erson Lis	ted Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Che	ck "All Sta	ates" or c	heck indiv	idual State	es)								□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IL] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na N/A	me (Last n	ame first	, if individ	lual)							·			
Busines	s or Resid	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)							
Name o	f Associat	ed Broke	r or Deale	r										
States in	Which P	erson Lis	ted Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Che	ck "All Sta	ates" or c	heck indiv	idual State	es)								□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IL] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na N/A	me (Last n	ame first	, if individ	lual)										
Busines	s or Resid	ence Add	ress (Nun	ber and S	treet, City,	State, Zip	Code)							
Name o	f Associat	ed Broke	r or Deale	r										
States in	n Which P	erson Lis	ted Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Che	ck "All Sta	ates" or c	heck indiv	idual Stat	es)								□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT] [RI]	[IL] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]		

C. OFFERING PRICE, NUMBER OF INVESTORS, E.			
 Enter the aggregate offering price of securities included in this offering and the tot Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering indicate in the columns below the amounts of the securities offered for exchange a 	g, check this box □ and		
Type of Security	Aggregate		nount Already
Debt	Offering Price	e	Sold
Equity		_ \$	5,999,999.81
□ Common ☑ Preferred	<u>5_10,999,999.81</u>	<u>5_10</u>	<u> </u>
Convertible Securities (including warrants)	¢	e	
Partnership Interests Other (Specify))	·		
Total			
	\$_10,999,999.81		<u> 1,999,999.81</u>
Answer also in Appendix, Column 3, if filing under ULOE.			•
number of persons who have purchased securities and the aggregate dollar amount the total lines. Enter "0" if answer is "none" or "zero."	of their purchases on Number Investors	Do	Aggregate ollar Amount of Purchases
Accredited Investors	1	-	6,999,999.81
Non-accredited Investors			
Total (for filings under Rule 504 only)			
Answer also in Appendix, Column 4, if filing under ULOE.		_ "_	
 If this filing is for an offering under Rule 504 or 505, enter the information required by the issuer, to date, in offerings of the types indicated, in the twelve (12) resale of securities in this offering. Classify securities by type listed in Part C – Que 	nonths prior to the first		
Type of offering	Type of Security	Do	ollar Amount Sold
Rule 505	<u>N/A</u>	\$	N/A
Desidering A	<u>N/A</u>	\$	N/A
Regulation A		\$	N/A
Regulation A	<u>N/A</u>		
5		\$	N/A
Rule 504	ntion of the securities in securities in securities in securities.		N/A

.....

\$_10,000.00

\$_10,000.00

Printing and Engraving Costs

Legal Fees

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Total

Other Expenses (identify) __

C. OFFERING PRICE	NUMBER OF INVESTORS, EXPENS	ES AN	D USE OF PROCE	EDS	
b. Enter the difference between the aggregate of total expenses furnished in response to Part Oproceeds to the issuer."	C - Question 4.a. This difference is the	adjuste	ed gross		\$ <u>16,989,999.81</u>
5. Indicate below the amount of the adjusted gro- each of the purposes shown. If the amount for the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	any purpose is not known, furnish an esti- al of the payments listed must equal the	mate an	d check		
			Payments to Officers, Directors & Affiliates		Payments to Others
Salaries and fees		. 🗆	\$	_ 🗆	\$
Purchase of real estate		. 🗆	\$	_ 🗆	\$
Purchase, rental or leasing and installation of	of machinery and equipment		\$	_ □	\$
Construction or leasing of plant buildings a	nd facilities	. 🗆	\$	🗆	\$
Acquisition of other businesses (including to offering that may be used in exchange for the pursuant to a merger)	ne assets or securities of another issuer		\$	_ 🗆	\$
Repayment of indebtedness		. 🗆	\$	_ 🗆	\$
Working capital			\$	_ 🗷	\$ <u>16,989,999.81</u>
Other (specify):			\$	_ □	\$
			\$	_ 🗆	\$
Column Totals			\$	Ø	\$ <u>16,989,999.81</u>
Total Payments Listed (column totals added	i)		፟ \$_	16,989	999.81
		_			
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed signature constitutes an undertaking by the issuer information furnished by the issuer to any non-accumulations.	to furnish to the U.S. Securities and Exc	hange (Commission, upon v		
ssuer (Print or Type) nternational Network Services Inc.	Signature			Date 09/02/	/02
Name of Signer (Print or Type) David Butze MM	Title of Signer (Print or Type) President				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)